

Welcome to the New Jersey DSRIP Learning Collaborative

October 26, 2017
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)



Learning Collaborative Agenda

- DSRIP Program Updates
- DY6 NJ DSRIP Next Steps
- DSRIP Performance Measure Data Validation Panel

DSRIP Program Updates

DSRIP Program Updates

- Training Webinars for DY5 payments and appeals and DY4 appeal results will be posted to the NJ DSRIP website on October 27, 2017 at: <https://dsrip.nj.gov/Home/Training>
- DY4 Appeal Response Packets, DY5 Payment Packets, and PLRs will be available via SFTP on October 27, 2017.
- **DY5 Appeals** are due to NJ DOH by **November 27, 2017**
- Universal Performance Pool (UPP) Redesign has been approved by CMS and published in the Funding and Mechanics Protocol v 1.4 located at: <https://dsrip.nj.gov/Home/Resource>
- DY5 Statewide Payment and Performance Achievement Results

Training Webinars

Training Webinars

<https://dsrip.nj.gov/Home/Training>

GOVERNOR CHRIS CHRISTIE ■ LT. GOVERNOR KIM GUADAGNO
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STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

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Payment Schedules
Training Materials

Training Materials:

- 10/27/2017 DSRIP Webinar 16: DY4 Appeal Response Guide
- 10/27/2017 DSRIP Webinar 15: DY5 Appeal Process Guide
- 10/27/2017 DSRIP Webinar 14: DY5 Payment Packet Guide
- 10/27/2017 DSRIP Webinar 13: DY5 Patient Level Report Guide

DY5 PAYMENT PACKET

DY5 Payment Packets

The payment packet contains the following:

- a payment letter summarizing the following tables:
 - DY5 Performance Measure and Payment Achievement Summaries
 - DY5 Stage 3 Payment Summary
 - DY5 Stage 4 Payment Summary
 - DY5 UPP Payment Summaries
 - DY4 Appeal Adjustment - Supplemental Information Summaries

- a DY5 performance measure results spreadsheet detailing the following information:
 - DY5 Intro Tab
 - Stage 3 Results
 - Stage 4 Results
 - UPP Results

Patient Level Reports (PLR)

- NJ DSRIP hospitals are no longer required to submit a Request for Information (RFI) form to receive Patient Level Reports (PLR).
- Patient Level Reports (PLR) for all measure(s) that fail to achieve a met status are now included in the DY5 Payment Summary packets.
 - PLR for prior demonstration years is not provided
 - PLR for measure with a 'Met' status is not provided
- In accordance with HIPAA guidelines 45 CFR 160, services not provided by the hospital of report is considered as protected Health Information (PHI) and therefore the data is hidden on the Patient Level Report (PLR).

DY5 APPEAL PROCESS

DY5 Appeal Process



- An appeal is the step in the NJ DSRIP process that provides participating NJ DSRIP hospitals a way to resolve disputed issues related to their measure results. **Appeals are available for reporting or computation issues only.**
- The results are based on review of the appeal form, appeal detail workbook, hospital submitted documentation and administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).
- Hospitals have 30 calendar days from the date of DY5 payment notification to submit a written appeal request. Supporting documentation is required. **DY5 appeals are due to NJ DOH by November 27, 2017.**

DY5 Appeal Process- Appeal Form

- The DY5 appeal form contains the following sections:
 - Sec. I. Hospital Information
 - Sec. II. Reconsideration Reason
 - Sec. III. Reconsideration – Support Information
- The appeal form is required to be submitted along with the appeal detail workbook located on the NJ DSRIP website-
<https://dsrip.nj.gov/Home/Resources>
- Supporting documents should be submitted for each issue using the correct file name format: **hosp name_issue#_measure#**
- Submit all documents via the secure FTP at
<https://transfer.mslc.com/>

NJDSRIP Appeal/Reconsideration Form
(Please complete all sections)

Sec. I. HOSPITAL INFORMATION:

Hospital Name: [Select Hospital](#)
Submission Date: [Click here to enter a date.](#)
Medicaid Provider ID: [Click here to enter text.](#)
Project Name: [Select Project Name](#)
Documents Attached: ☐ Yes ☐ No
Submitted By: [Enter Submitted By Name](#) Contact Information: [Enter Phone and email](#)
Executive Level Project Representative: [Click here to enter text.](#)
Project Point of Contact: [Click here to enter text.](#)

Sec. II. RECONSIDERATION REASON

The reconsideration process is available to address reporting and/or computational discrepancies within the 2016 Performance Period. Please select the issue category and issue type from the options provided. Only one category and type may be selected per issue. (Please note: only the areas identified in this request will be included in the reconsideration.)

Issue No.	Issue Name (Brief description of issue)	DSRIP Measure ID	Issue Categories*	Issue Type*
1.	Enter text	##	1. Databook/Value Sets 2. Chart/EHR Measure 3. MMIS Measure 4. Other	1. Reporting 2. Computation
2.	Enter text	##	<Select from options>	<Select from options>

*Only one category or type may be selected per issue, additional rows may be added for additional issues

Sec. III. RECONSIDERATION-SUPPORT INFORMATION

Each issue will be reviewed for validity and completion upon submission. Please ensure your request includes a detailed description of the identified variance and supporting documentation applicable for each issue listed. This information should be included in the 'Appeal Detail' tab of the corresponding NJ DSRIP DY5 Appeal [Detail_Hospital](#) Name workbook. This workbook is also located at <https://dsrip.nj.gov/Home/Resources>.
(See workbook for directions)

Important Reminders:
To initiate the appeal, the completed Appeal [Detail_Hospital](#) Name workbook must be submitted along with Supporting Documents via the <https://transfer.mslc.com/>.

The completed form above may be submitted to the NJDSRIP@mslc.com.

Please do not send documents that contain protected health information (PHI) with the form. |

NJDSRIP Request for Appeal/Reconsideration DY5 (2016) pg. 1

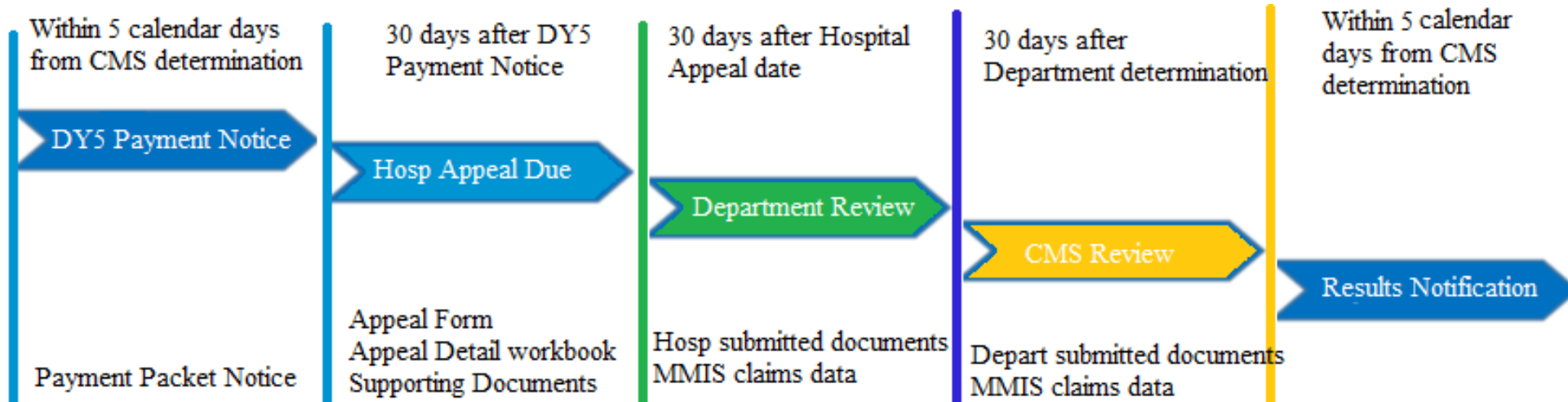
DY5 Appeal Process- Appeal Workbook

- The appeal workbook provides specific information related to each appealed issue and is separately listed. [This format confirms all submitted issues are identified for review.]
- Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)

The screenshot displays an Excel spreadsheet titled "DY5 Appeal Detail_ Hosp Name_MMDDYY". The spreadsheet is set to the "DY 5 Appeal Detail" tab, which is highlighted with a red box in the bottom tab bar. The spreadsheet contains a table with the following columns: Issue Number, DSRIP Eligible Hospital, Hospital ID, Issue Description (Detail), DSRIP Measure ID #, Issue Category, Stage 3/UPP, Issue Type, Supporting Documentation Name (hosp name_issue#_measure#), and Page# (for each issue). The table is currently empty, with rows 1 through 17 visible. A text box in row 10 provides instructions: "Please provide detailed information to describe the noted discrepancy and submit, along with the completed DY5 Appeal Form, via the FTP at: <https://transfer.mslc.com/>". The bottom status bar shows "READY" and "100%" zoom.

DY5 Appeal Process

- Timeline without delays or write-backs
 - Hospital
 - Department
 - CMS



Note – Timelines listed are subject to on-going project events and other unforeseen situations by all parties, including NJ DSRIP Providers, Myers and Stauffer LC, NJ Department of Health and Centers for Medicare and Medicaid.

DY4 APPEAL RESPONSE

DY4 Appeal Response

The information and direction regarding DY4 appeal result forms is provided on behalf of the New Jersey Department of Health (NJDOH) and the Centers for Medicare and Medicaid Services (CMS).

The DY4 Appeal Response Packet includes:

- DY4 Appeal Response Letter
 - Issued on behalf of the NJDOH and CMS as a final result of the appeal submitted by each hospital for NJ DSRIP as approved by CMS.
 - Includes a summary of appeal results on page 1
- DY4 Appeal Itemized Results
 - The DY4 Appeal Itemized Results provides the final CMS approved results for each itemized issue.



DY4 Appeal Response- Itemized Results

- Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address measure computation and reporting issues.
- These appeals were each reviewed for the possibility of an embedded valid dispute prior to the identification and determination of appeal results.
- Because a submitted appeal could result in multiple disputed issues, each issue was separately tracked and reviewed.



Tab 2: DY4 Appeal (Itemized Results)

	A	B	C	D	E	F	G	H	I	J	
	Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name	DY4 Results	
1	33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care – Emergency Department Visits	n - xx d - xx xx.xxx%	
2	33-2	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%	
3	33-3	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%	

HOSP NAME DY4 APPEAL

DY4 Appeal Response- Itemized Results

Tab 2: DY4 Appeal (Itemized Results)

Column A

- In order to better track the appeals and multiple issues, each submitted appeal form was assigned a random internal number when received by the department. Each issue within the appeal was then given an issue number, [i.e. 33-1].

Columns Y and Z

- CMS Final Recommendation and date are identified in these columns

A	B	C	D	E	F	G	H	I	J
Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name	DY4 Results
33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care – Emergency Department Visits	n - xx d - xx xx.xxx%
33-2	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%
33-3	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%

DY6 Program Next Steps

- Semi-Annual Attribution (January – June) Rosters will be released in November.
- Semi-Annual Standard Reporting Workbooks will be due approximately sixty (60) days after the release of Attribution Rosters.
- Hospital DY6 Re-Applications will be distributed after November 27, 2017.
- Hospital Semi-Annual 1 Progress Reports will be published in November 2017.



UPP REDESIGN

UPP Redesign

- The carve-out is now paid separately from non-participating and forfeited payment from Stages 1 through 4
- The possible achievement for measures is 1 for a met measure and 0 for a not met measure. There is no longer a negative 0.5 achievement value.
 - Example of carve-out payment achievement:

UPP Carve-out Payment Summary	
Total Achieved	7
Max Possible	12
Percent Achieved	58%
UPP Carve-Out Amount	\$2,676,301
UPP Carve-Out Amount Earned	\$1,561,176
UPP Carve-Out Amount Forfeited	\$1,115,125

UPP Redesign

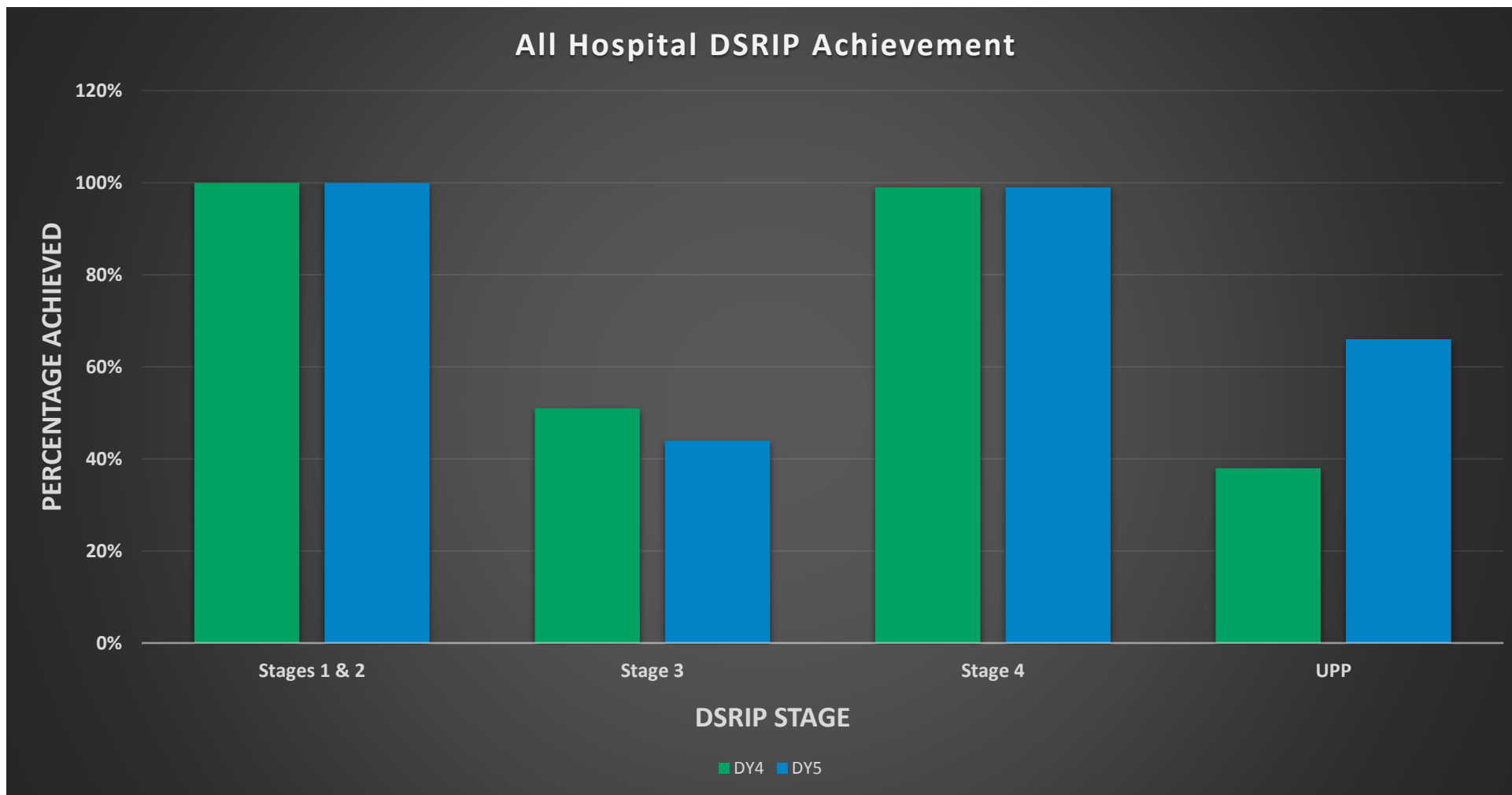
- The non-participating and forfeited payment from Stages 1 through 4 are now disbursed using a ratio of the hospital's earnings over all hospital earned.
- The UPP table below shows an example of a hospital's total achievement value and UPP remainder payment resulting from those achievements for DY5.

✓ Example of UPP remainder:

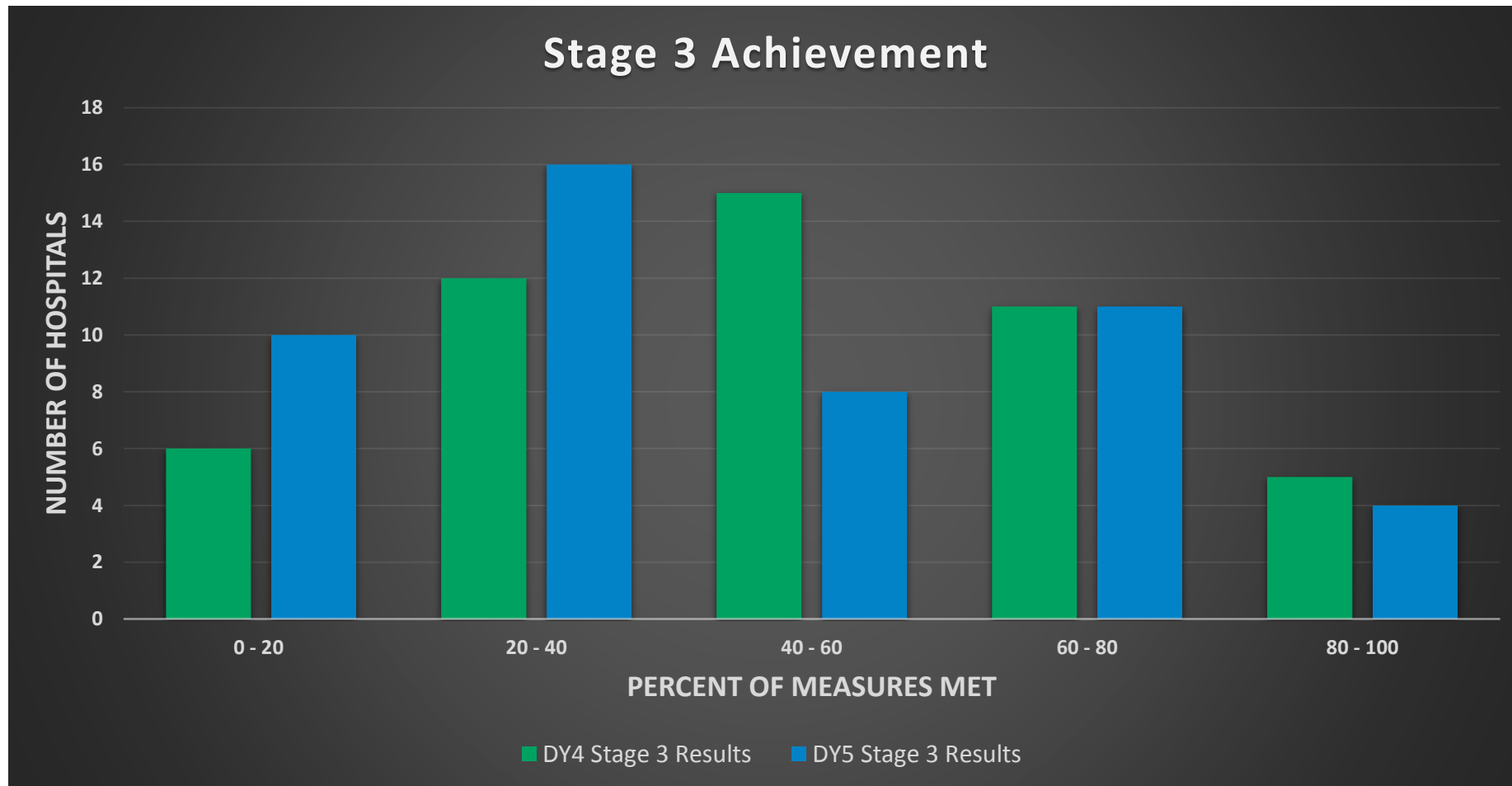
UPP Remainder Payment Summary	
Stages 1 and 2 Earned	\$2,000,000
Stage 3 Earned	\$500,000
Stage 4 Earned	\$2,000,000
Total Earned (Stage 1-4, UPP Carve-Out)	\$6,061,176
Total Earned by All DSRIP Hospitals	\$112,000,000
Percent of All Earned	5.41%
UPP Remainder Total	\$55,000,000
UPP Remainder Earned (Percent of All Earned * UPP Remainder Total)	\$2,976,470

DY5 Statewide Payment and Performance Achievement Results

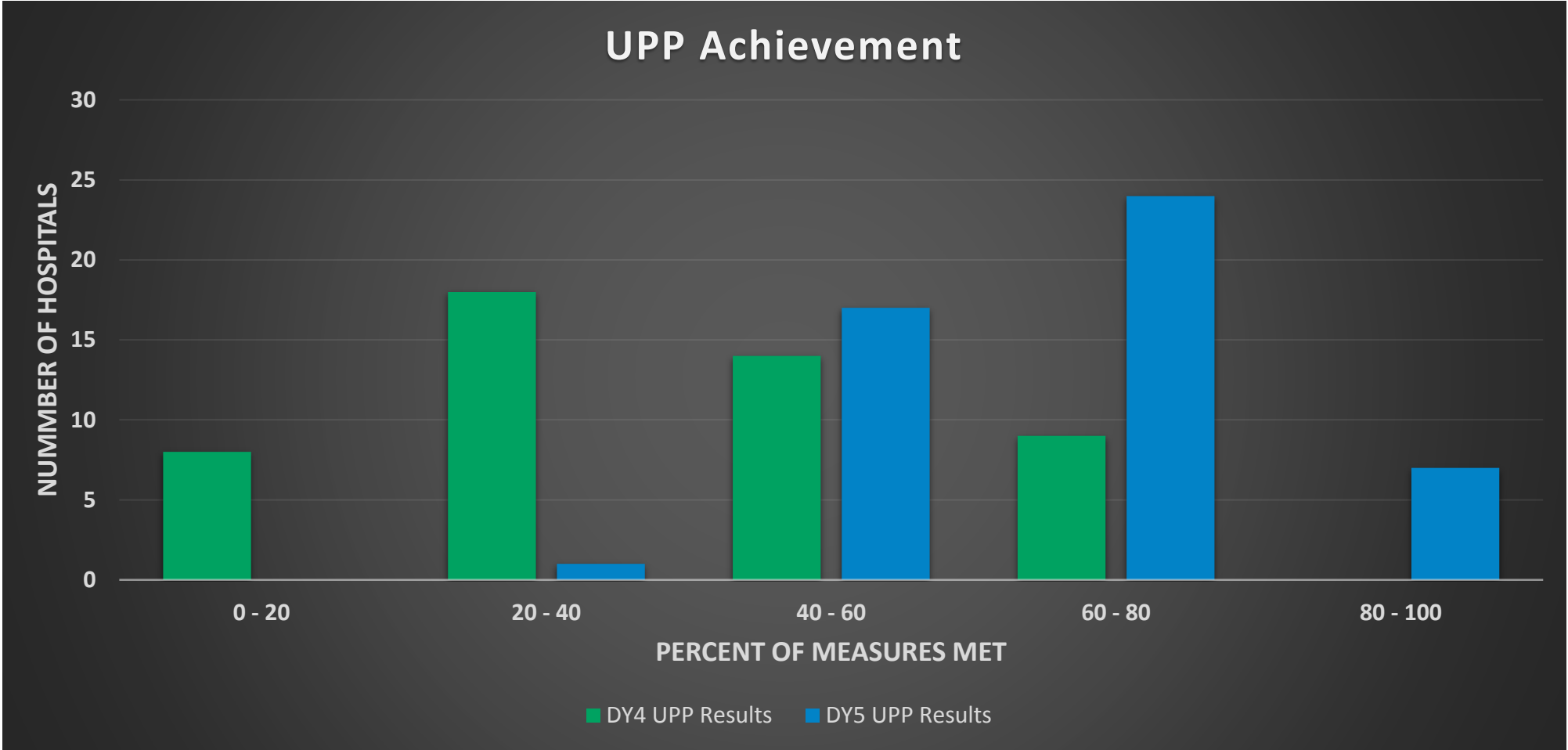
All Stages Statewide Achievement



Statewide Performance Achievement - Stage 3

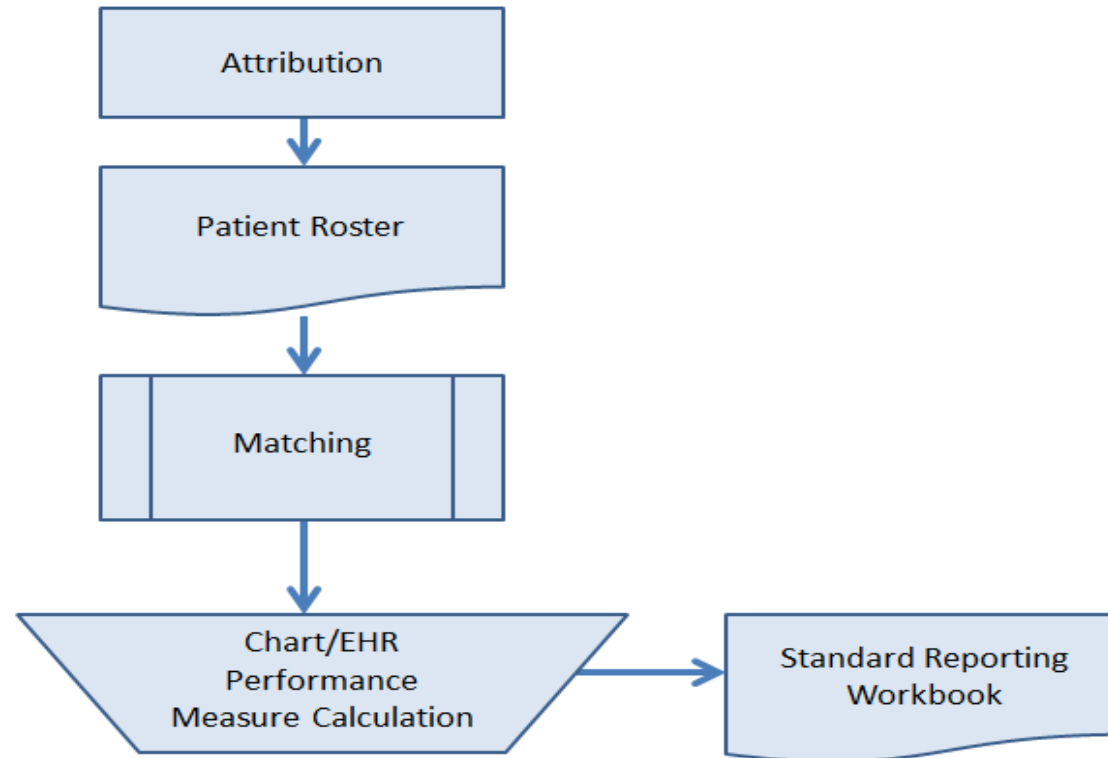


Statewide Performance Achievement – UPP



Chart/EHR Measurement Validation

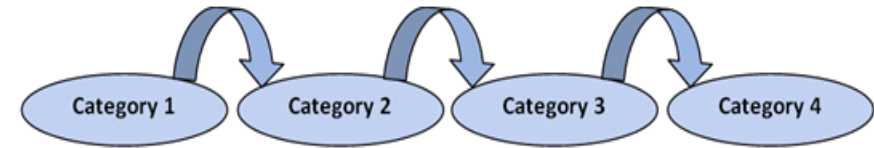
What are the key steps to Chart/EHR measurement?



Attribution Model- hierarchical, with 10% threshold

- The DSRIP Team runs the attribution algorithm on all Charity Care, Medicaid and CHIP patients to link accountability of care based on past treatment history.
 - Links patients to hospitals based on two years of a patient's utilization pattern
 - Based on Evaluation and Management Visits on claims – code list is located in the Appendix B - Programming Assumptions document
 - 30/70 Weighting – most current year's utilization has higher weighting
 - Minimum threshold of ten percent (10%) of utilization per category is included in the attribution approach

Attribution Model- hierarchical, with 10% threshold



- Category 1: Visits to hospital-based clinics
 - A hospital-based clinic is defined as a clinic that is allowed to bill under the hospital's provider identifier, is included on the hospital's cost report, and bills on the Universal Bill (UB) claim form with specified revenue codes (510-519). (Refer to Programming Assumptions - Appendix B for further detail.)
- Category 2: Visits to emergency departments
- Category 3: Visits to community-based reporting partners
- Category 4: All other visits to non-participating providers
 - If the patient has visited multiple providers within a category, the patient will be linked to the provider who had the plurality (i.e. simple majority) of visits

Patient Roster Matching

- **Step 1** - Match data through column “Recipient Medicaid ID (Current)” to your hospital's internal “Policy Number” field in your hospital’s information management systems/databases.
- **Step 2** - Match data using column “Recipient Medicaid ID (Original)” column to your hospital's internal “Policy Number” field in your hospital’s information management systems/databases.
- **Step 3** - Match data using column “Patient Account Number” to your hospital's internal patient account number in your hospital's information management systems/databases.
- **Step 4** - Match data using demographic information including name, social security number, gender, date of birth to your hospital's information management systems/databases.

Performance Measure Calculation

- Numerator and denominator criteria for each measure is provided in the Databook. Detailed information can be found through the measure steward. Some measures have been adapted from the measure steward to more closely align with the goals and population of the NJ DSRIP program.
- The **denominator** population is identified as:
 - The NJ DSRIP Low income population attributed to each hospital within the specified performance period.
 - The measure steward denominator specifications.
 - ✓ inclusion examples: diagnosis, age
 - ✓ exclusion examples: patients with limited coverage duration
- The **numerator** is identified as:
 - Denominator patients that meet numerator criteria.
 - ✓ inclusion examples: patients who have received defined treatment protocols or services

Performance Measure Calculation

How do I ensure my results are accurate?

- Clear
- Documented
- Validated
- Replicable

Performance Measurement Check List

- Who is responsible for running our data queries?
- Have all of our applicable systems been considered for capturing inclusion and exclusion criteria?
- Do all our measures start from our attributed population?
- Are our data queries documented for all reportable measures?
- Are these procedures saved to a shared location?
- If a team member is on vacation, or leaves, do we have clear backup plans in order to report timely to achieve full incentive payment?
- Do we have documented timelines?

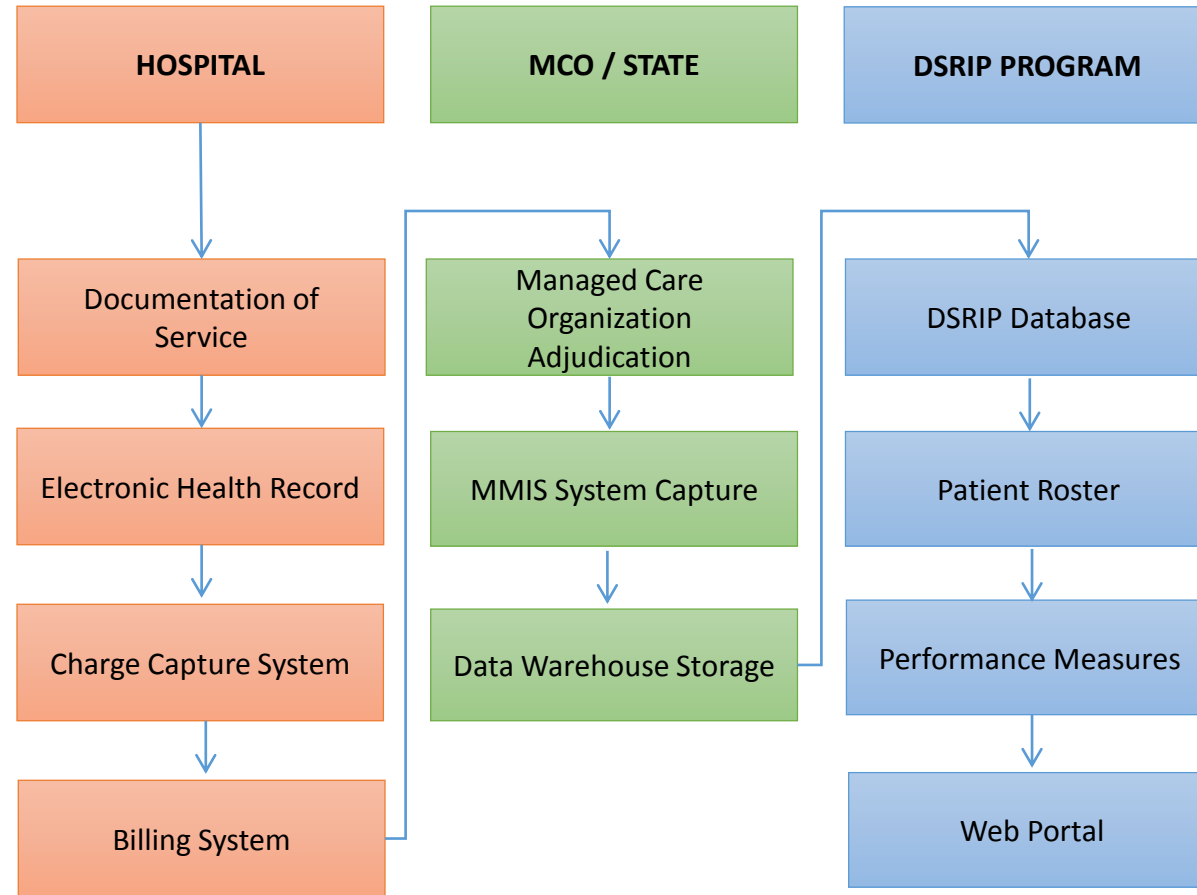
Performance Measurement Check List Continued

- Have we entered all data correctly on the Standard Reporting Workbook?
- Have we confirmed this by reviewing our results on the Measure Results page of the DSRIP web portal?
- Who is responsible for managing our relationship with our reporting partner(s) to support fulfillment of DSRIP goals?
- Can we confirm that our reporting partner/ third-party vendor understands all performance measure requirements? Can our reporting partner/ vendor answer these same questions?
- Are we tracking our performance over time?
- Are we sharing our results with key stakeholders, leadership, and partners?

Data Information Flow



End to End Information Flow



Hospital Panel Discussion

Chart/EHR Measurement Validation

Hospital Panel Discussion

Anticipated Learning Concepts:

- (1) Gain a better understanding for how Chart/EHR SRW measure results are extracted and validated. Identify with at least one panelist's reporting environment.
- (2) Gain knowledge about data elements provided in PLRs, and learn new methods for validating the information.
- (3) Understand the importance of reviewing the Databook and understanding from start to finish a measure specification reporting cycle.
- (4) Learn about the challenges and barriers panelists have overcome when analyzing measure results and measure specification details.



THANK YOU



- ✓ Please sign an attendance sheet before leaving today.
- ✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than **November 3, 2017**.

GROUP DISCUSSION SESSION